

EXTENSION NO. 1 TO FORM OF CONTRACT

Contractor: American Professional Risk Services, Inc.
Contract No. 18RRFP113260C-GS, Automobile Physical Damage Appraisal Services
Address: 327 Dahlonaga Street, Suite 301
City, State Cumming, GA 30040
Telephone: (770) 752-0122
E-mail: jwebb@amprisk.com
Contact: James Webb
President

WITNESSETH

WHEREAS, Fulton County ("County") entered into a Contract with American Professional Risk Services, Inc. to provide/perform Automobile Physical Damage Appraisals, dated October 3, 2018, on behalf of the Risk Management, Division Finance and

WHEREAS, the County wishes to extend the subject contract, with all terms and conditions unchanged, for an additional twelve month *period*.

WHEREAS, the Contractor has performed satisfactorily over the period of the contract; and

WHEREAS, this Extension was approved by the Fulton County Board of Commissioners on [Insert Board of Commissioners approval date and item number].

NOW, THEREFORE, the County and the Contractor agree as follows:

This Extension No. 1 to Form of Contract is effective as of the 1st day of January, 2022, between the County and American Professional Risk Services, Inc., who agree that all Services specified will be performed by in accordance with this Extension No. 1 to Form of Contract and the Contract Documents for an additional 12 month period, with the contract ending as of 31st day of December, 2022.

COMPENSATION: The services herein payment shall be performed by Contractor in an amount not to exceed \$25,000.00. The detailed costs are provided below:

Appraisal Review - The total price quote (to include mileage and all expenses) to travel to the body shop to inspect the damage vehicle, review the cost estimate, and reach and agreed cost.

Price per Vehicle: \$100.00

Total Loss: \$150.00 Includes NADA value and CoPart valuation

LIABILITY OF COUNTY: This Extension No. 1 to Form of Contract shall not become binding on the County and the County shall incur no liability upon same until such agreement has been executed by the Chair to the Commission, attested to by the Clerk to the Commission and delivered to Contractor.

EFFECT OF EXTENSION NO. 1 TO FORM OF CONTRACT: Except as modified by this Extension No. 1 to Form of Contract, the Contract, and all Contract Documents, remain in full force and effect.

[INTENTIONALLY LEFT BLANK]

IN WITNESS THEREOF, the Parties hereto have caused this Contract to be executed by their duly authorized representatives as attested and witnessed and their corporate seals to be hereunto affixed as of the day and year date first above written.

OWNER:

CONSULTANT:

FULTON COUNTY, GEORGIA

AMERICAN PROFESSIONAL SERVICES INC

DocuSigned by:
Robert L. Pitts
14E1B4AA5F6A44A...
Robert L. Pitts, Chairman
Fulton County Board of Commissioners

[Signature]
[Insert title] President

ATTEST:

ATTEST:

DocuSigned by:
Tonya R. Grier
EEC476C4837648D...
Tonya R. Grier
Chief Deputy Clerk to the Commission

[Signature]
Secretary/
Assistant Secretary

(Affix County Seal)



(Affix Corporate Seal)

APPROVED AS TO FORM:

ATTEST:

DocuSigned by:
Cheryl Ringer
9C2373DFD63B4FA...
Office of the County Attorney

[Signature]
Notary Public

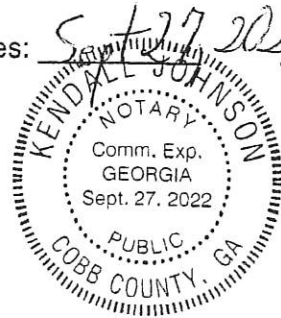
APPROVED AS TO CONTENT:

County: Fulton

DocuSigned by:
Hakeem Oshikoya
756CC64560784CE...
Hakeem Oshikoya, Director
Finance

Commission Expires: Sept 27, 2022

(Affix Notary Seal)



2021-0996	12/15/2021	ITEM#: _____	RCS: _____	ITEM#: _____	RM: _____
		RECESS MEETING		REGULAR MEETING	



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
1/14/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Charter Insurance & Consulting, Inc. PO Box 421159 Atlanta, GA 30342	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">CONTACT NAME: Janet Bradley</td> </tr> <tr> <td>PHONE (A/C, No, Ext): 404-256-7900</td> <td>FAX (A/C, No): 404-256-9257</td> </tr> <tr> <td colspan="2">E-MAIL ADDRESS: jbradley@charterenergy.com</td> </tr> <tr> <td colspan="2" style="text-align: center;">INSURER(S) AFFORDING COVERAGE</td> </tr> <tr> <td>INSURER A: Hartford Fire Insurance Co (A, XV)</td> <td style="text-align: right;">NAIC # 19682</td> </tr> <tr> <td>INSURER B:</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	CONTACT NAME: Janet Bradley		PHONE (A/C, No, Ext): 404-256-7900	FAX (A/C, No): 404-256-9257	E-MAIL ADDRESS: jbradley@charterenergy.com		INSURER(S) AFFORDING COVERAGE		INSURER A: Hartford Fire Insurance Co (A, XV)	NAIC # 19682	INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:	
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INSURER E:																					
INSURER F:																					
INSURED American Professional Risk 327 Dahlonega Street, Suite 301 A&B Cumming GA 30040																					

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X	X	20 SBA TB5790	12/21/21	12/21/22	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000
							MED EXP (Any one person)	\$ 10,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ 2,000,000
X	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY	X	X	20 UEC UY2444	12/21/21	12/21/22	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
X	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$	X	X	20 SBA TB5790	12/21/21	12/21/22	EACH OCCURRENCE	\$ 5,000,000
							AGGREGATE	\$ 5,000,000
X	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		X	20 WEC AA9PWG	12/21/21	12/21/22	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT	\$ 100,000
							E.L. DISEASE - EA EMPLOYEE	\$ 100,000
							E.L. DISEASE - POLICY LIMIT	\$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Evidence of Insurance
 Fulton County Government, its Officials, Officers and Employees are named as an Additional Insured for GL and Auto as required by written contract. Waiver of subrogation applies for GL, Auto, and Workers Comp in favor of certificate holder as required by written contract. Umbrella is follow form excess GL, Auto, and Workers Comp. Insured's coverage is primary and non-contributory.

CERTIFICATE HOLDER Fulton County Government - Purchasing Department 130 Peachtree Street, S.W., Suite 1168 Atlanta, GA 30303-3459	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
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21-0996 Finance

Request approval to extend an existing contract - Finance (Risk Mgt. division), 18RRFP113260C-GS in the amount of \$ 25,000.00 with American Professional Risk Services, Inc (Cumming, GA) to provide continued Auto Physical Damage Appraisal services for twelve (12) additional months. Effective dates: January 1, 2022 through December 31, 2022. **(APPROVED UPON ADOPTION OF THE CONSENT AGENDA)**

21-0997 Diversity and Civil Rights Compliance

Request approval to renew an existing contract - The Department of Diversity and Civil Rights Compliance (DCRC) and Office of The County Auditor, 21RFP022321B-YJ, Foreign Language Oral Interpretation and Written Translation Services in an amount not to exceed \$50,000.00 with TransPerfect Translations International Inc. (Atlanta, GA) to provide qualified foreign language interpreter translation services. This action exercises the first of two renewals. One renewal option remains. Effective dates: January 1, 2022 through December 31, 2022. **(APPROVED UPON ADOPTION OF THE CONSENT AGENDA)**

21-0998 Diversity and Civil Rights Compliance

Request approval to renew an existing contract - Department of Diversity and Civil Rights Compliance (DCRC), 20RFP127237B-YJ, Sign Language Interpreter Services in the amount of \$60,000.00, with Latin American Translators Network (LATN) Inc. (Atlanta, GA) to provide qualified sign language interpreter and effective communication services. This action exercises the first of two renewal options. One renewal option remains. Effective dates: January 1, 2022 through December 31, 2022. **(APPROVED UPON ADOPTION OF THE CONSENT AGENDA)**

21-0999 Information Technology

Request approval of the lowest responsible bidder - Department of Information Technology, 21ITB0929B-EC, W-2, 1099, and Affordable Care Act Filing, Processing, Printing, and Mailing Services in the amount of \$40,000.00 with National Payment Corporation (Tampa, FL) to provide a system to process, print, fold, and mail W-2 forms, 1099-Misc forms, 1099-R forms and Affordable Care Act (ACA) forms for employees, poll workers, retirees and vendors of Fulton County. Effective January 1, 2022 through December 31, 2022 with three renewal options. **(APPROVED UPON ADOPTION OF THE CONSENT AGENDA)**

21-1000 Real Estate and Asset Management

Request approval of a Sewer Easement Dedication of 3,049 square feet to Fulton County, a political subdivision of the State of Georgia, from ATL Fairburn JV, LLC, for the purpose of constructing the Project Miles Project at 0 Creekwood Drive, Fairburn, Georgia 30268. **(APPROVED UPON ADOPTION OF THE CONSENT AGENDA)**